## FORM D

U.S. SECURITIES AND EXCHANGE COMMISSIONS

Washington, D.C. 20549

FORM D

RECEIVED

OMB NUMBER: 3235-0076 Expires: April 30, 2008 Estimated average burden

OMB APPROVAL

bours per response . . 16.00



## NOTICE OF SALE OF SECURITIE PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

) <u>)</u>	SEC USE ONLY									
	Prefix	1	Serial							
	DA	TE R	ECEIVED							

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)									
8.5% Subordinated Convertible Debentures									
Filing Under (Check box(es) that apply):  Type of Filing: New Filing									
A. BASIC IDENTIFICATION DATA									
1. Enter the information requested about th	ne issuer								
Name of Issuer ( check if this is an ame	ndment and name has	changed, and indicate	e change.)						
IQMax, Inc.									
Address of Executive Offices			(Number and	(Number and Street, City, State, Zip Code) Teleph (Includent Code) Teleph					
3440 Toringdon Way, Suite 106, C	Charlotte, NC 282	77	* ****		704-377-2022				
Address of Principal Business Operations (if different from Executive Offices)		(Number and	Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
					( )				
Brief Description of Business Healthcare Technology Company					27 0 0 <b>2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 </b>				
Type of Business Organization  ☐ corporation ☐ business trust		hip, already formed	othe	er (please specify):	PROCESSEL AUG 2 4 2006				
Actual or Estimated Date of Incorporation	or Organization:	Month Year [0   2 ] [9   9	]	Actual	Estimated THUMSON FINANCIAL				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: [D][E] CN for Canada; FN for other foreign jurisdiction)									

## **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seg, or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Beneficial Owner Executive Officer Check Box(es) that Apply: Director Managing Member Full Name (Last name first, if individual) Adkison, Paul Business or Residence Address (Number and Street, City, State, Zip Code) 3440 Toringdon Way, Suite 106, Charlotte, NC 28277 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Harmon, Christopher Business or Residence Address (Number and Street, City, State, Zip Code) 3440 Toringdon Way, Suite 106, Charlotte, NC 28277 Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual)

Executive Officer

Executive Officer

Executive Officer

Director

□ Director

☐ Director

General and/or Managing Partner

General and/or Managing Partner

General and/or Managing Partner

2

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Updegraft, Christopher

Check Box(es) that Apply:

Check Box(es) that Apply:

Check Box(es) that Apply:

Updegraft, Gary

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Promoter

Promoter

3440 Toringdon Way, Suite 106, Charlotte, NC 28277

Beneficial Owner

Beneficial Owner

Beneficial Owner

3440 Toringdon Way, Suite 106, Charlotte, NC 28277

					B. II	NFORM	ATION	ABOUT	OFFER	RING				
1.	Has the	issuer sold,	, or does the	issuer inte	end to sell, t	o non-accre	dited inves	tors in this	offering?					Yes No
					Answe	r also in Ap	pendix, Co	lumn 2, if f	iling under	ULOE.				
2.	What is	the minimu	ım investme	ent that wil	l be accepte	ed from any	individual	?					•••••	\$_25,000.00
3.											Yes No			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full Nam	ne (Last na	me first, if	individual)								_			
Business	or Resider	nce Addres	s (Number a	and Street,	City, State,	Zip Code)								
Name of	Associated	l Broker or	Dealer	******										
States in	Which Per	son Listed	Has Solicite	ed or Inten	ds to Solicit	Purchasers	3				-			
(Check			individual S	,										All States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Nam	ie (Last na	me first, if	individual)											
Dusings	on Dogidan		s (Number a	and Ctunat	City State	7:- Codo		· · · · · · · · · · · · · · · · · · ·						
Dusiness	or Kesider	ice Addres	s (Number a	ma succi,	City, State,	Zip Code)								
Name of	Associated	d Broker or	Dealer											
						_								
States in	Which Per	son Listed	Has Solicite	ed or Inten	ds to Solicit	Purchasers	3							·
(Check			individual S					mei	[DC]			run	[ID]	All States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Nan	ie (Last nai	me first, if	individual)											
Rusiness	or Resider	nce Addres	s (Number a	and Street	City State	Zin Code)					*			
Dustiless	or reside.	ioo i idai es	s (ramoer e	ina street,	on, oute,	Zip code)								
Name of	Associated	d Broker or	Dealer											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check	"All States [AL]	or check [AK]	individual S [AZ]	States) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	All States
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	

TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 

and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt..... Equity..... ☐ Common ☐ Preferred Convertible Securities (including warrants)..... Partnership Interests Other (Specify 8.5% Convertible Subordinated Debentures) ...... \$5,000,000.00 \$ 175,000.00 Total ..... \$ 5,000,000.00 \$ 175,000.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased 2. securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer Aggregate Dollar Amount is "none" or "zero." Number Investors of Purchases \$ 175,000.00 Accredited Investors 2 0 \$ 0.00 Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Dollar Amount Sold Security Type of offering Rule 505 \$ Regulation A ..... \$ Rule 504 0.00 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of 4. the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees ...... Printing and Engraving Costs...... Legal Fees ..... 5,000.00 Accounting Fees...... 5,000.00 Engineering Fees..... Sales Commissions (specify finders' fees separately)...... Other Expenses (identify) Miscellaneous (finder's fee, professional fees, duplicating, courier, etc.) ......... \$ 765,000.00

Total.......

\$ 775,000.00

·T	C OFFEDING PRICE MUMPE	O OF INVESTORS EVERNORS AND VICE	OF PROCE			
	b. Enter the difference between the aggregate	R OF INVESTORS, EXPENSES AND USE	OF PROCI	EEDS		
	Question 1 and total expenses furnished in res					
		ne issuer."			\$4,225,000.00	
5.	Indicate below the amount of the adjusted gros				<u> </u>	
	be used for each of the purposes shown. If the					
	furnish an estimate and check the box to the le					
	listed must equal the adjusted gross proceeds t	to the issuer set forth in response to Part C -				
	Question 4.b above.					
			Paymer Office			
			Directo	,	Payments To	
			Affilia	•	Others	
	Salaries and fees		<b>S</b>		□ \$	
	Purchase of real estate		<b>\$</b>	_	\$	
	Purchase, rental or leasing and installation of i	machinery and equipment	<b>\$</b>		<b>\$</b>	
	<u> </u>	facilities	<b>\$</b>	<del></del>	<b>\$</b>	
	Acquisition of other businesses (including the					
	that may be used in exchange for the assets or merger)	securities of another issuer pursuant to a	□ \$	_	□ \$	
	Repayment of indebtedness				□ \$	
	Working capital		\$4,052	,500.00	<b>\$</b>	
	Other (specify): Debenture principal surety bo	ond premium	<b>\$</b>	_	\$\_175.000.00	
	Column Totals		<b></b> \$	_	\$	
	Total Payments Listed (column totals added)		\$ <u>4,225,000.00</u>			
		D. FEDERAL SIGNATURE				
The issu	ner has duly caused this notice to be signed by	withoundersianed duly outhorized norman. If	this notice	is filed w	ndar Dula 505 th	
	ig signature constitutes an undertaking by the is					
	iff, the information furnished by the issuer to an					
Issuer (Pri	nt or Type)	Signature		Date		
IQMax, Inc.		Jon 11 Undon		Amonet	t <u>2  </u> , 2006	
IQMax	, inc.	Jay W. Willy		August	<u>A</u> , 2000	
Name of S	Signer (Print or Type)	Title of Signer (Print or Type)				
Gary Up	odegraft	Vice President, Treasurer and Director				
		ATTENTION				
	Intentional misstatements or omissions		ions (See	18 U.S.	C 1001)	